ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _189_

Registered No. _____

1. PLACE OF BIRTH

County _Gila_   State _____ or Village _____

District or Township _____

City _Winkelman_ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Mary Josphine Burt_ { If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Female_ | To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? _Yes_

7. Date of birth _Nov 29 1929_
Month   Day   Year

8. FATHER	**14. MOTHER**
Full name _John B Burt_	Full maiden name _Josie Bryan_
9. Residence (Usual place of abode) _Mammouth Ariz._ If non-resident, give place and state.	15 Residence (Usual place of abode) _Mammouth Ariz_ If non-resident, give place and state.
10. Color or race _White_	11. Age at last birthday _34_ (Years)	16 Color or race _White_	17. Age at last birthday _26_ (Years)
12. Birthplace (city or place) _Mammouth_ (State or country) _Ariz_	18. Birthplace (city or place) _Mammouth Ariz_ (State or country)
13. Occupation _Carpenter_ Nature of industry	19. Occupation _House Wife_ Nature of industry

20. Number of children of this mother _2_
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _2_
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _8 A_ m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _Charles B Hurston MD_
(Physician or midwife)

Given name added from a supplemental report. _____
Month, day, year

Address _Hayden Ariz_

Filed _Dec 5, 1929_ _P G Hixson_

Registrar _____   Registrar

_423-1129-125_